



SOCIO-ECONOMIC STATUS OF DESHI MUSLIMS: A CASE STUDY OF MATIA COMMUNITY DEVELOPMENT BLOCK OF GOALPARA DISTRICT, ASSAM, INDIA

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ABSTRACT

The socio-economic condition of individuals of any society is comprised of vast arena of subjects, and any rational being favours for their improvement. Earning opportunities, educational attainment and health facilities are such indicators for an improved socio-economic condition of any community. Indeed their measurements is difficult, most of the social scientist have focused to concentrate on these prominent aspects to grasp, compare and contrast socio-economic condition of any group of people. Socio-economic condition being a complicated aspect, its realization rests on both qualitative and quantitative analysis. However, its assessment and analysis is necessary to diagnose for further improvement of quality of life of people. The holistic approach of Indian economy clearly indicated achieving the main objectives of rapid economic growth with social justice. After six decades of planning in India, living standard of average Indian has improved but certain groups of people in our community are lagged behind to cope with ongoing development activities.

The Deshi Muslim community is an indigenous ethnic group of Assam. Traditionally, this section of people is rural based and primarily depends on Agriculture and other petty manual works for their livelihood. So, this section of people remains far behind to achieve educational attainment, realizing health facilities, earning opportunities etc. The idea of equality regarding socio-economic development among all sections of people seemed questionable in such situation. To observe the reality in grassroots a micro level study is adopted. Therefore, a study entitled "Socio-economic Status of Deshi Muslims: A case study of Matia Community Development Block of Goalpara District, Assam, India" is adopted.

KEY WORDS: Socio-economic condition, Deshi Muslims, Indian economy.

Introduction

Social and economic avenues for wellbeing of man have been placed as most important concern of planners, policy makers and scholars. The term 'social' and 'economic' are popularly used to cover the maximum number of social and economic sources and adjoined as 'Socio-economic'. The term 'socio-economic' is meant for the prominent sources for development of society that includes social indicators such as education, health etc. and economic avenues viz, income opportunities. The former include attitudes towards life, work and authority, legal and administrative structure, pattern of kinship and religion; cultural traditions and land tenure; the degree of popular participation in the development decisions and activities and the flexibility and rigidity of economic and social classes (Todaro, 2006). According to the United Nations Health, Education and Welfare, social indicator may be defined to be a statistic of direct normative interest which facilitates concise, comprehensive and balance judgment about the condition of major aspects of society. It is in all cases a direct measure of welfare and is subject to the interpretation that if it changes in the right direction, while other things remain equal, things have gotten better off or people are better off. Thus statistics on the number of doctors or policeman could not be social indicator, whereas figures on health or crime rates could be. Therefore social indicators are statistics which assess social conditions transformation therein overtime for various sections of population. By social conditions, we mean both exogenous and endogenous i.e. social and physical, objective and perceptual, circumstances of human existence in a given society.

In so far social indicators are concept of generalization of the standard economic indicators and economic indicators are just indices of economic enterprise. Thus social and economic conditions of development are intertwined, all statistics dealing with the production, supply and distribution of products and services etc. In a dynamic society the transformation trends of quality of life, standard of living of people etc which are dependent on social and economic indicators are to be assessed for further improvement of any section of a society. Considering backwardness of Deshi Muslims sect of the Assamese society particularly in Matia block, it has become imperative to look into the ground realities in micro level. Therefore, Socio-economic Status of Deshi Muslims is conceptualized and intended to induct it particularly the Deshi Muslims of Matia Community Development Block of Goalpara District of Assam.

Objectives of the study

To achieve the main objective of assessing socio-economic status the present paper selects the following objectives:

1. To focus on the socio economic indicators for development.
2. To outline the socio economic status of Deshi Muslims. .

Brief notes on Data Base and Methodology

As the objectives suggest, the present paper is descriptive and evaluative one, it has to base on both secondary and primary information. Secondary information

were gathered from various published sources such as Statistical Hand Book of Assam, Census Report of India and journal like Yojana, Kurukshetra etc.

The core of the paper depends on field data relating to health, education and occupation of Deshi Muslims inhabiting in Matia Community Development (CD) Block. A simple statistical procedure was adopted for collection of primary data. The procedure consists of a purposive random sampling. Matia CD Block has been purposively selected because it is one of the Deshi Muslim concentrated areas of Goalpara district. From this block primary data were collected through a case study conducted during first week of January 2016. A total of 83 households from two purposively selected villages namely Mamudpur part I and Singimari were chosen randomly. This sample size is justified because it is about 26 percent of the total household of 308 (168 Mamudpur part I and 140 Singimari). The family heads of the sample households were interviewed with questionnaire schedule. The information collected through the above procedure were analyzed using simple statistical tools such as percentages, ratios, tables etc. to obtain the following findings.

An overview of social and economic indicators

Transformation of socio-economic condition of people depends on basic requirements of life. Although the sources of improved standard of living of people are enumerable, broadly they can be categorized as social and economic requirements. Among the most influential requirements, discussion mostly revolves around the educational attainment and health of social sector, and that of sources of income of economic sector. Socio-economic transformation of people of any region has become one of the goals of economic policy over time. Therefore, understanding the pros and cons of socio-economic status of any section of people or any region has emerged for future policy perspectives.

UNDP in 1997 stressed that 'the real wealth of a country is its people and the purpose of development is to create an enabling environment for them to enjoy long, creative and healthy lives.' Since then, successive Human Development Reports have asserted that human development is the process of enlargement of people's choices, and that at all levels of development, there are three essential elements of human development - to enable people to lead long and healthy lives, to access knowledge and education, and to possess the resources needed for a reasonable standard of living. Consequently, three areas have been identified as being of primary social concern - Education (Literacy), Health and Occupation (Income). Brief overviews of these indicators are as follows.

Education (Literacy)

Education plays a significant role in the dissemination of modern attitudes, values, approach and rational outlook (Khurshid, 2008). Education is considered the inner capability of man that guides him continuously at various levels. Education is the process which leaves an impact upon the mind, character and moral strength and plays vital role in the human development (Naga Raju and Vidyanna Rao, 2014). Literacy is one of the important social variables that influence both social and economic development of a country. Table 1 shows the literacy rate of

Assam and India.

Table1
Literacy Rate in Assam and India

| State/Nation | 2001 | | | 2011 | | |
|--------------|-------|-------|--------|-------|-------|--------|
| | Total | Male | female | Total | Male | Female |
| Assam | 63.32 | 71.73 | 54.28 | 72.19 | 77.85 | 66.27 |
| India | 64.84 | 75.26 | 53.67 | 73.0 | 80.09 | 64.6 |

Source: Census of India, 2001 & 2011.

The growth of literacy in Assam has shown an encouraging sign. The literacy rate for Assam as per census 2011 increased to 72.19 per cent up from 64.28 per cent in 2001, and marginally below the national literacy rate of 64.84 per cent (table 1). There is large gender gap the literacy rate for men being as much as 77.85 percent and for women it was more than 11 percent lower, at 66.27 percent. There is a large urban-rural gap as well. The literacy rates for rural and urban areas found at 69.34 percent and 88.47 percent respectively. The Census figures for 2001 and 2011 also show a wide divergence in literacy attainments across districts.

Health

The best wealth of a man is health. Good health can be defined as the state of well-being where an individual is free from all kinds of physical or mental illness. It is the most precious possession of a man. Sound health is one of the prerequisites for improved productivity and production. The better the health of the individual, the better will be his productive capacity. It is also an essential component of development, vital to a nation's economic growth and internal stability. Along with the traditional and unequivocal arguments on social justice and the importance of health, it is now accepted that better health outcomes play a crucial role in reducing poverty. Health scenarios of Assam are briefly analyzed as follows.

An assessment of the health status is possible from key indicators such as infant mortality, crude birth rate, crude death rate and maternal mortality rate etc.

Table2
Birth rate, Death rate, Infant mortality rate and Maternal mortality rate of Assam and India (Per Mile)

| Year | Birth Rate | | Death Rate | | IMR | | MMR | |
|------|------------|-------|------------|-------|-------|-------|-------|-------|
| | Assam | India | Assam | India | Assam | India | Assam | India |
| 2001 | 27.0 | 25.4 | 9.6 | 8.4 | 74 | 66 | 490 | 301 |
| 2011 | 22.8 | 22.1 | 8.0 | 7.2 | 55 | 47 | 328 | 178 |

Note: IMR = Infant Mortality Rate; MMR = Maternal Mortality Rate
Source: Sample Registration Bulletin, R.G.I., New Delhi

The information obtained from the Sample Registration Bulletin published by the Register General of India depicts some idea about the trend in the birth rates, death rates, maternal mortality rates and infant mortality rates in the state of Assam. It is evident from the data that birth rates, death rates and infant mortality rates in state found to be higher than that of the country as a whole, although there is a trend of gradual declination. The table 2 indicates that, during the year 2011, the birth rates, death rates, infant mortality rates and maternal mortality rates of Assam have been 22.8, 8.0 and 55 per mille as against 22.1, 7.2 and 47 per mille respectively at all India level.

Occupation (Income)

Occupational status or income is an important indicator of development of any society. It provides an idea of people's participation in economic activity or their rate of employment. Occupational status of the population is not determined by single factors but by multiple factors such as ownership of physical assets, human capital, and location of individuals in a given socio-economic structures, availability of work opportunities and such other factors play important role in determining occupational status of any individuals.

Table 3
Distribution of workers and non-workers by economic activity in Assam

| Workers | Total | Male | Female |
|------------------------------|----------|---------|----------|
| Total workers | 11969690 | 8541560 | 3428130 |
| Main workers | 8687123 | 7034642 | 1652451 |
| Marginal workers | 3282567 | 1506918 | 1775649 |
| Cultivators | 3138554 | 2698384 | 440170 |
| Agricultural labourers | 903294 | 705306 | 197988 |
| Household Industries workers | 242071 | 146566 | 95505 |
| Other workers | 4403204 | 3484386 | 918818 |
| Non workers | 19235886 | 7397883 | 11838003 |

Source: Economic Survey, Assam 2013-14.

As per census 2011, total population of the state is 31205576 in the state; of which 11969690 were total workers against 9538591 were in 2001. The table 3 indicates that out of the total workers in 2011 main workers were 8687123 and 3282567 were marginal workers against 7114097 and 2424494 in 2001 respectively. Among male workers 82 percent were main workers, 18 percent were marginal workers against 85 percent and 15 percent respectively in 2001. Among females 48 percent were main workers and 52 percent were marginal in 2011 against 47 percent and 53 percent in 2001 respectively. Out of total 1196969 workers in Assam in 2011 Against 9538591 workers in 2001, 3138554 were Cultivators (26 percent), 903294 were Agricultural Labourers (7.5 percent), 242071 were engaged in Household Industries (2.0 percent) and 4403204 were other workers (36.8 percent) in 2001. Thus about 34 percent of working population was engaged in Agriculture in the state as per census, 2011 against 52 percent as per census 2001.

Considering the importance of these indicators viz, Education (Literacy), Health and occupation (Income) for socio-economic transition of individual, the following sections intend to analyze them relating to Deshi Muslims in the selected field level.

Socio-economic Status of Sample households

Socio-economic status of any section of people depends on certain basic amenities of life. Among the amenities education, health and occupation are considered as the prominent indicators. UNDP therefore has adopted measures of Human Development Index (HDI) to understand the comparative status of socio-economic development. The HDI incorporates the three goals or end products of development through measures of three indicators- i. Education ii. Health and iii. Occupation. The following sections intend to analyze the socio-economic indicators relating to Deshi Muslims in the selected field level.

(i) Educational Attainment of Sample Households

Education is regarded fundamental to enhancing the quality of human life and ensuring social and economic progress (UN, 1997). Education is one of the basic objectives of development and it enhances human capabilities as conceived by AK Sen (1999) that paves the way for improvement of quality of life. The educational attainment of Deshi Muslims of Matia Block of Goalpara district, Assam is depicted in below table 4

Table 4
Educational attainment level of sample households (total sample households 83)

| Block | Sex | Level of Achievements | | | | |
|-----------------------------------|--------|-----------------------|----------------|----------------|---------------|--------------|
| | | Illiterate | LP | UP | HSLC | Above HS |
| Matia Community Development Block | Male | 59 (71.08) | 78 (93.98) | 65 (78.31) | 12 (14.46) | 9 (10.84) |
| | Female | 56 (67.47) | 62 (74.79) | 58 (69.88) | 5 (6.02) | 3 (3.61) |
| Total | | 115 (69.28) | 140 (84.34) | 123 (74.10) | 17 (10.24) | 12 (7.23) |

Note: The figures in the brackets represent percentages
Source: Field Survey by the Researcher.

The table 4 depicts educational attainment level of sample households of Matia community Development Block of Goalpara District, Assam. The survey conducted for the present study indicates that 69.28 percent of the sample households are illiterates. Most of the sample households i.e. 84.34 percent have education up to Lower Primary (LP) level and only 7.23 percent of them have education up to 10+2 level. The table reveals that there is decreasing trend towards consecutive level of Upper Primary (UP), (High School Leaving Certificate) HSLC, 10+2 levels and onwards. The study clearly shows that progress of higher education is pathetic as seen in the table.

(ii) Health Status of Sample households

Health is a prerequisite for human development and is an essential component for the wellbeing of the mankind. Health can be regarded as a state of mental, social and economic wellbeing and not the mere absence of disease. Sound health is one of the prerequisites for improved productivity and production. It is too common for Deshi Muslims households to suffer from a variety of occupational health hazards. The health condition of the sample households may be measured by key indicators such as Birth rate, Death rate, Infant Mortality rate (IMR) and Maternal Mortality rate (MMR), which is shown by the table 5. From the table it is concluded that all the health indicators of Matia CD block like birth rate, death rate, IMR and MMR are greater than the state as well as national levels, which is indicated by the table 2.

Table 5
Birth rate, Death rate, Infant mortality rate and Maternal mortality rate of sample households.

| Matia Community Development Block | Birth rate | Death rate | IMR (Per 1000 live birth) | MMR |
|-----------------------------------|------------|------------|---------------------------|-----|
| | 12 | 05 | 02 | 02* |
| In Percentage | 25.64 | 10.68 | 167.0 | 02* |

Note: IMR = Infant Mortality Rate; MMR = maternal Mortality Rate

* → It indicates the actual number of MMR

Source: field Survey by the Researcher

It is general consensus that the Deshi Muslims households are suffering from a variety of occupational health hazards. Some of the health problems viz, Malaria, Jaundice, Typhoid, Eye problem etc. associated with Sample Deshi Muslims households are shown by the following table 5.1.

Table 5.1
Details of health conditions of Sample Households
(Total sample households 83)

| Types of Disease--> | Malari a | Jaun- dice | Typhoi d | Diar- rhea | BP (H/L) | Eye prob- lem | Can- cer | Arthri tis |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------------|-------------|---------------|
| Block Age: 0- 15 years | 15 (18.07) | 19 (22.89) | 13 (15.66) | 24 (28.92) | - | 7 (8.43) | - | - |
| Matia CD Block Age: 15- 60 years | 20 (24.10) | 22 (26.51) | 16 (19.28) | - | 58 (69.89) | 29 (34.94) | 4 (4.82) | 36 (43.37) |
| Total | 25 (21.09) | 41 (24.7) | 29 (17.47) | 24 (28.92) | 58 (69.89) | 36 (21.69) | 4 (4.82) | 36 (43.37) |

Note: The figures in the brackets represent percentages

Source: Field Survey by the Researcher.

The above table 5.1 indicated that overall health status of the sample households are very pathetic condition. Both the age group (i.e, 0- 15 years and 15 – 60 years) of the sample households infected by the disease like Malaria, Jaundice and Typhoid problems, as seen in the above table 2. About 28.92 percent of children of (0 – 15) years age group are contacted by the diarrhea problem. On the other hand, Blood Pressure and Arthritis problem affected people under the age group of 15- 60 years are 68.89 percent and 43.37 percent respectively.

(iii) Occupational status of Sample Households

Occupation is the symbol of socio-economic status of any society. It gives a notion of the size of people's engagement in economic venture or their rate of employment. The Deshi Muslims community is primarily agrarian and major portion is marginalized or landless farmers who offer manual labour in informal non farm sector in rural and urban areas in different parts in the state. However, a percentage of sample households are associated with petty business, government and non government sectors. So, a brief notion of annual earning profile of sample households is depicted in tabular form. Table 6 shows economic profile of Deshi Muslims of Mamudpur pt1 and Singimari under five occupation and income level.

Table 6
Occupational Status of Sample Households
(Total Sample households 83)

| Income level (Rs) | Category | | | | | Total |
|-------------------|---------------------------------|--|--|--|--|-------------|
| | Cultivators (No. of Households) | Daily Wage Earners (No. of Households) | Petty Business Holders (No. of Households) | Govt. Service Employed (No. of Households) | Non-govt. Service Employed (No. of Households) | |
| 15000-20000 | 35 (63.64) | 7 (12.73) | 8 (14.55) | 3 (5.45) | 2 (3.63) | 55 (100) |
| 20000-Above | 16 (57.14) | 3 (10.71) | 5 (17.85) | 3 (10.71) | 1 (3.57) | 28 (100) |
| Total | 51 (60.39) | 10 (11.72) | 13 (16.2) | 6 (8) | 3 (3.6) | 83 (100) |

Note: The figures in the brackets represent percentages

Source: Field Survey by the Researcher.

The above table 6 shows 63.64 percent, 12.73 percent, 14.55 percent, 5.45 percent and 3.63 percent of households are engaged as cultivators, daily wage earners, petty business holders, government service employ and non-government service employ respectively earn an average income of Rs. 15 thousand to Rs. 20 thousand only, whereas 57.14 percent, 10.71 percent, 17.85 percent, 10.71 per-

cent and 3.57 earn above Rs. 20 thousand only. Aggregating the two earning groups it is found that about 60.39 percent of the households are occupied in agriculture and remaining are engaged in other occupations. The table also reveal that majority of the households are engaged in agricultural activities that is accounted for at 60.39 percent.

Conclusions

The implication of the findings is that the socio-economic indicators viz, education, health and income of the sample Deshi Muslim households remain at a very low level in the selected areas of Matia CD block of Goalpara district. It is seen that all the indicators even far below the average of the state as well as national level. Paucity of basic infrastructure such as roads, electricity, hospital etc. in the locality reflected on the backwardness of basic amenities of life such as health, education and occupation of the people.

The findings of the study reveal that this section of people remains far below in respect to quality of life in comparison to their counterpart. Therefore, inclusive approach must be initiated for education and health development of the Deshi Muslims.

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